

Kentucky Department of Education  
 Nutrition & Health Services  
 5<sup>th</sup> Floor, C.P.T., 500 Mero St.  
 Frankfort, KY 40601  
 Fax: (502) 564-8919  
 Form CACFP-FDCH (Rev. 01/2010)

**FAMILY DAY CARE HOMES**  
**REPORT AND CLAIM FORM**  
**FOR REIMBURSEMENT**  
**(Due 15 Days After Close of Claim Month)**  
**Listing of participating homes must accompany**  
**claim for payment processing.**

**KDE USE ONLY**  
 Audit \_\_\_\_\_ Review \_\_\_\_\_  
 TA \_\_\_\_\_ \*Other \_\_\_\_\_  
 \*Description \_\_\_\_\_

<b>SECTION I</b>			
Sponsor Name: _____  Sponsor Address: _____  Sponsor Number: _____  Read Instructions Carefully Before Completing Form	Claim Period (2) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around;"> <span>(month)</span> <span>(year)</span> </div>	No. Homes (3) <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Total Days Food Served This Mo. (4) <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>

<p align="center"><b>SECTION II – Tier I Homes</b></p> Number of Tier I Homes (5) <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> ADA (6) <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(7) Breakfast</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(8) AM Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(9) Lunch</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(10) PM Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(11) Supper</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(12) LN Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(13) TOTAL</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>	<p align="center"><b>SECTION III – Tier II Homes</b></p> Number Tier II Homes (14) <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> ADA (15) <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(16) Breakfast</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(17) AM Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(18) Lunch</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(19) PM Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(20) Supper</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(21) LN Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(22) TOTAL</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>
---	--

<b>SECTION IV – Mixed Tier Homes</b>	
(23) Number of Homes Claiming Tier I and Tier II Mixed Rates <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	(24) ADA <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>

<b>Number Tier I Meals</b>	<b>Number Tier II Meals</b>
<div style="display: flex;"> <div style="width: 15%; text-align: right;">(25) Breakfast</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(26) AM Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(27) Lunch</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(28) PM Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(29) Supper</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(30) LN Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(31) TOTAL</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>	<div style="display: flex;"> <div style="width: 15%; text-align: right;">(32) Breakfast</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(33) AM Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(34) Lunch</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(35) PM Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(36) Supper</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(37) LN Snack</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex;"> <div style="width: 15%; text-align: right;">(38) TOTAL</div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>

<b>SECTION V</b>	
(39) Program Administrative Cost <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	( 32) Program Income <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>

I certify that the information on this claim is true and correct to the best of my knowledge, that records are available to support this claim; that it is in accordance with the terms of existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable federal criminal statutes.

ORIGINAL Signature of Sponsor Representative	Title	Date	Phone Number of Person Preparing Claim
--	-------	------	--

# **FAMILY DAY CARE HOME CLAIM INSTRUCTIONS**

## **INSTRUCTIONS FOR COMPLETING CLAIM FOR REIMBURSEMENT**

Report data for one calendar month only. Amount of payment will be computed by State Agency using claiming percentages. Your claim **WILL BE RETURNED FOR CORRECTION** if not properly completed. Ensure that you round all amounts to the nearest dollar and **THAT THE CLAIM IS SIGNED**.

All claims should be entered online ([https://cdcbps.ky.gov/NHS\\_Main/entry](https://cdcbps.ky.gov/NHS_Main/entry)) or faxed (502/564-8919) to the State Agency within 15 days of the close of the month (payments are processed at 12:00 am, if the 16<sup>th</sup> falls on week-end or state holiday, payment will process on next business day). Print copy of claim for your records.

### **SECTION I:**

- Item (1) Place sponsor label here (should contain 9-digit sponsor number, name and address).
- Item (2) Enter two digits for month and four digits for year for which claim is applicable.
- Item (3) Enter total number of homes operating this month.
- Item (4) Enter total number of days food service was provided during the month.

### **SECTION II – Tier I Homes:**

- Item (5) Enter number of Tier I Homes.
- Item (6) Enter ADA for Tier I Homes.
- Item (7) Enter total number of Breakfasts served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (8) Enter total number of AM Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (9) Enter total number of Lunches served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (10) Enter total number of PM Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (11) Enter total number of Suppers served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (12) Enter total number of LN Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (13) Enter total number of meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Tier I Homes during the month if these meals meet USDA requirements.

### **SECTION III – Tier II Homes:**

- Item (14) Enter number of Tier II Homes.
- Item (15) Enter ADA for Tier II Homes.
- Item (16) Enter total number of Breakfasts served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (17) Enter total number of AM Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (18) Enter total number of Lunches served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (19) Enter total number of PM Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (20) Enter total number of Suppers served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (21) Enter total number of LN Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (22) Enter total number of meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Tier I Homes during the month if these meals meet USDA requirements.

**SECTION IV – Mixed Tier Homes:**

- Item (23) Enter number of homes claiming Tier I and Tier II Mixed Rates
- Item (24) Enter ADA for Mixed Tier Homes.
- Item (25) Enter total number of Breakfasts served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (26) Enter total number of AM Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (27) Enter total number of Lunches served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (28) Enter total number of PM Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (29) Enter total number of Suppers served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (30) Enter total number of LN Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (31) Enter total number of Tier I meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (32) Enter total number of Breakfasts served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (33) Enter total number of AM Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (34) Enter total number of Lunches served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (35) Enter total number of PM Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (36) Enter total number of Suppers served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (37) Enter total number of LN Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (38) Enter total number of Tier II meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.

**SECTION V:**

- Item (39) Enter Program Administrative Cost for the month.
- Item (40) Enter Program Income for the month.

An authorized sponsor representative should sign, title and date the claim and provide their phone number. Claim must be submitted with a signature.